

Testimony before the Education Committee February 22, 2012

Regarding SB 24 - An Act Concerning Educational Competitiveness and supporting the inclusion of behavioral/mental health considerations

Good afternoon, Senator Stillman, Representative Fleischmann and members of the Education Committee. My name is Daniela Giordano, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). I am here today on behalf of NAMI-CT to support the important and challenging undertaking of education reform in CT.

We would like to commend the Governor, Commissioner Pryor and the Legislature for making education reform a hallmark issue. We want to ensure that we view and consider children in a holistic way by addressing all their needs including their mental and behavioral health. All children should have the opportunity to succeed in school. Children with challenging behavioral and mental health issues can and will be successful in our schools when appropriate identification practices and interventions are in place.

There are over 500,000 school children in Connecticut, and about 20% of them have a diagnosable emotional-behavioral disorder. Unfortunately, only 20% of affected children have reliable access to mental health care, resulting in about 90,000 Connecticut school children with untreated mental health problems. Of the children who do receive mental health care, the majority do so in their school settings through successful models such as comprehensive School Based Health Centers. Not meeting children's needs present significant barriers to learning which all too often lead to absenteeism, academic failure and high drop-out rates. The lack of understanding and training from school staff in response to children's untreated mental health problems often lead to unwarranted suspensions, in-school arrests and inappropriate interventions, such as seclusions.

A forthcoming study from the Center for Children's Advocacy reveals that early warning signs of mental and behavioral health problems are often missed in schools.

- The study reveals that among the subset of children with mental and behavioral health problems in the middle grades in CT, over 70% of students who were diagnosed with mental illness by the middle grades exhibited red flags prior to the conclusion of second grade.
- Almost 25% of students who were both diagnosed with mental illness and exhibited behavioral problems in the middles grades exhibited red flags during the pre-Kindergarten years.

 Red flags include developmental and health issues such as prenatal exposure to drugs, chronic diseases such as asthma; adverse social factors such as interrupted schooling, homelessness and foster placements as well as exposure to trauma such as the loss of a parent or domestic violence.

While the above statistics are troubling, there are ways to use available resources more effectively and efficiently to better respond to the emotional and behavioral needs of our children.

Specific Action Steps we support:

- Raise awareness about the impact of enhanced school mental health services on educational and developmental outcomes and identifying critical goals that are common to both the education and mental health system;
- Train our teachers and other school professionals to recognize "red flags". This can be
 achieved by providing professional development opportunities to classroom teachers,
 administrators, school resources officers and other key school professionals to recognize
 and effectively respond to mental and behavioral health needs among students;
- Underscore and incentivize school-community collaborations and coordination in the delivery of mental health services to ensure that our most vulnerable children do not fall between the systems' cracks;
- Showcase and support models in Connecticut that have successfully improved educational and developmental outcomes. Some models both within the state and on a national scale were presented at the first School Based Mental Health Summit hosted by the Keep the Promise Coalition and the Hamden Public Schools in January. All PowerPoints are posted on the KTP website and the summit was taped by CT-N. Models that work include School Based Health Centers and we strongly support the restoring of their funding via the Department of Public Health. Availability of services via School Based Health Centers has been associated with improved school attendance and a rise in GPA.

Thank you for your time. I am happy to answer any questions you may have.

Respectfully yours, Daniela Giordano